

GENERAL INFORMATION

#1

Space to be entered _____






Location/Building _____

Purpose of entry _____

Date _____ to _____ Time _____ to _____

Authorized duration _____

ENTRY PROCEDURE #10 Based on signature boxes

<input type="checkbox"/> Non-Permit Entry Sign at:  	When ventilation is used <input type="checkbox"/> Alternate Entry Sign at:  	<input type="checkbox"/> Permit-Required Sign at: 
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EQUIPMENT INVENTORY

<input type="checkbox"/> Ventilating Fan	#3	<input type="checkbox"/> Gloves
<input type="checkbox"/> Barrier & Warning Signs		<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Gas Monitor: ID # _____		<input type="checkbox"/> Respirator
<input type="checkbox"/> Phone/Radio (to contact 911)		<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> 2-way communication w/entrant		<input type="checkbox"/> Ladder
<input type="checkbox"/> Non-entry rescue equipment		<input type="checkbox"/> Lights
<input type="checkbox"/> Other _____		

PRE-ENTRY PRECAUTIONS

- Eliminate any unsafe conditions before opening access door.
- Guard entry with barrier and signs.
- Notify affected departments of service interruption.
- Lock-out/tag-out all sources of energy posing a risk.
- Install blank in affected pipes.
- Clean and/or purge any chemical storage vessel.
- Wear personal/respiratory protection.
- Lights and/or ladder available.
- See *Contractor Checklist* if coordination is needed.
- Appropriate MSDSs on site.
- Non-entry rescue equipment in place.
- Determine how often air monitoring will be conducted.
- Determine communication method between entrant and attendant:
 - Voice (within sight)
 - Radio

FOR PERMIT-REQUIRED PROCEDURE #11

Assign roles and responsibilities:	Entrant	Attendant
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY RESCUE SERVICE #12

Service _____	Contact method _____	Phone _____
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HAZARD ASSESSMENT

REAL OR POTENTIAL ATMOSPHERIC HAZARDS

YES NO #5 #4 Monitor air, document on back of form

- Oxygen deficient (< 19.5%)
- Oxygen enriched (> 23.5%)
- Flammable mist, gas, vapor or dust
- Carbon monoxide
- Hydrogen sulfide
- Toxics (specify) _____

There are no real or potential atmospheric hazards.

 #6 (do not sign if using ventilation)


Signature _____ Date _____

OBSERVABLE SERIOUS SAFETY/HEALTH HAZARDS #7

YES NO If locked out before entry, put no

- Mechanical Other (specify) _____
- Electrical _____
- Engulfment/Entrapment _____
- Burn _____
- Slip, trip, fall _____
- Heat stress _____


There are no observable serious safety or health hazards.

 #8 (sign if all in #7 are no)

Signature _____ Date _____

ENTRY AUTHORIZATION

I certify that all required precautions have been taken and necessary equipment is provided for safe entry and work in this confined space.

 #9 Sign only if #'s 6 and 8 are blank

Lead worker or entry supervisor name _____ Initials _____

Form is available on-site.

ANNUAL REVIEW

Completed by _____ Date _____

AIR MONITORING RECORD

Acceptable conditions →	Oxygen 19.5% < O ₂ < 23.5%	Flammability < 10% LEL	Carbon Monoxide CO < 35 ppm	Hydrogen Sulfide H ₂ S < 10 ppm	Other (specify) < PEL	Other (specify) < PEL
PRE-ENTRY Person:	Prior to entry, monitor the air. Assure meter is inspected, calibrated, and fresh air zeroed. Use the pump attachment for verticle spaces. Check the air every					
Time: Person:	4 feet and take the meter in the space. If any levels are not within the acceptable conditions, ventilate.					
Time: Person:	Document ventilation and retesting of air on this form. Do not enter any confined space that has air levels that are not within the acceptable conditions. No units on campus have the proper equipment or training for this.					
Time: Person:						
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WORK COMPLETION

Return space to original condition
 Submit form to supervisor

 Close out time

 Close out date

 Lead worker or entry supervisor signature

COMMENTS

▶ Please let us know if you had any problems with this procedure or equipment, or if you have any suggestions.

